

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S26363** (9)
1. Corporation Name
INTERNATIONAL TRADE AGENCY, INC.

Principal Place of Business Mailing Address
2000 SOUTH DOXE HIGHWAY **2000 SOUTH DOXE HIGHWAY**
MIAMI FL 33133 **MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE.

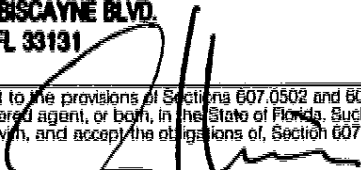
3. Date Incorporated or Qualified 01/18/1991	3a. Date of Last Report 03/29/1994
4. FEI Number 65-0245516	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 2600 Douglas Road	2a. Mailing Address 2600 Douglas Road		
22 Suite, Apt. #, etc. Suite 904	27 Suite, Apt. #, etc. Suite 904		
23 City & State Coral Gables, FL	28 City & State Coral Gables, FL		
24 Zip 33134	25 Country USA	29 Zip 33134	30 Country USA

9. Name and Address of Current Registered Agent
ANDREW SERVICE CORPORATION OF FLORIDA
3000 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name **FRANCESCO Scipioni**
82 Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Rd, Suite 904
83 ~~Coral Gables~~
84 City **Coral Gables** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **FRANCESCO Scipioni - Director** 4/15/95
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

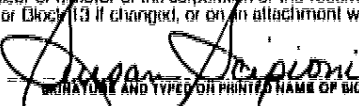
12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCIPIONI, FRANCESCO
STREET ADDRESS	2000 S. DOXE HWY
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	SCIPIONI, SUSAN
STREET ADDRESS	2000 S DOXE HWY
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2600 Douglas Road, Suite 904
1.4 CITY - ST - ZIP	Coral Gables, FL 33134
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	2600 Douglas Road, Suite 904
2.4 CITY - ST - ZIP	Coral Gables, FL 33134
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Susan Scipioni** 4/15/95 (305) 461-3559
Signature and typed or printed name of signing officer or director Date (30 days if new)